

**DEPARTMENT OF LOCAL GOVERNMENT FINANCE
LOCAL GOVERNMENT TAX CONTROL BOARD
HEARING INFORMATION SHEET**

**TOWNSHIP FIRE FIGHTING APPARATUS, BUILDING AND EQUIPMENT
(IC 36-8-13-6)**

TOWNSHIP: _____ **COUNTY:** _____
POPULATION: _____ **POPULATION:** _____
AMOUNT OF REQUEST _____ **TERM OF DEBT (1 TO 6 or 15 YEARS)** _____

Complete all sections of this Information Sheet to expedite review of your request. Incomplete submissions will be returned. Returned forms will require the unit to again petition the Department of Local Government Finance for determination. Please refer to IC 36-8-13-6 for statutory requirements for this request.

GENERAL

1. State the purpose(s) of the project(s). If this project involves the construction of a building, describe the location, construction type, square footage, usage of the building and any other information relevant to the project.

2. Describe the equipment to be purchased and its approximate cost.
(Attach two copies of the specifications for each emergency vehicle to be purchased)

| <u>Description</u> | <u>Cost</u> |
|--------------------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. State the necessity for the purchase of the equipment.

4.

| | |
|--|----|
| Total Purchase Price | \$ |
| Less Amount from Grants Type: | \$ |
| Less Amounts from Other Funds Fund: | \$ |
| Fund: | \$ |
| Amount Requested for Debt Service | \$ |

5. List any equipment, by type and description, that is to be replaced by the above request

6. If the equipment to be replaced will be sold, will the proceeds from the sale be applied to this debt?
☐ Yes ☐ No
7. Has the unit formed a plan for the replacement of equipment? ☐ Yes ☐ No
8. If the purchase is for emergency vehicles, will the new equipment fit into existing housing?
☐ Yes ☐ No (If "No", attach a schedule of anticipated renovations and estimated costs.)
9. If purchasing emergency apparatus, will the road system in the township accommodate the Gross Vehicle Weight (GVW) of the vehicle?
☐ Yes ☐ No
10. What is the projected useful life of the equipment? _____

TERMS OF THE LOAN

1. State the maximum number of years for repayment approved by the Township Board. _____ years
 (Maximum term may not exceed six (6) or fifteen (15) years per IC 36-8-13-6(a))
2. How many banks were contacted for interest quotes: _____
3. State the interest rate that will be charged: _____ %

TAX RATE IMPACT

1. Is a tax rate anticipated to repay the debt? ☐ Yes ☐ No
2. In what taxing year will taxes first be levied for repayment of this loan? 20____ Pay 20____
3. Statutory Debt Limit:
 Current Year **Fire** Assessed Valuation \$ _____ /3 X (.02) = \$ _____
4. Indicate the tax rate impact by completing the calculation below:
- | | |
|--|--------------------------------|
| a) First Year of Repayment requiring rate: | 20____ Pay 20____ |
| b) Estimated Assessed Value | \$ _____ |
| c) Annual Payment | \$ _____ |
| d) Less Distributive Shares | \$ _____ |
| e) Less Estimated Excise Tax | \$ _____ |
| f) Less Estimated Financial Institutions Tax | \$ _____ |
| g) Estimated Levy (c-d-e-f) | \$ _____ |
| h) Estimate Tax Rate (g ÷ b/100) | \$ _____ (to 4 decimal places) |
5. If no tax rate impact is anticipated due to increased assessed valuation and/or debt retirement provide a schedule indicating the unit's estimates for the term of the loan.

6. If this issue is presented as a tax rate back-up, indicate the fund(s) and current tax levy or revenue source from which annual payments will be made.

| Fund | Levy or Revenue Source |
|------|------------------------|
| | \$ |
| | \$ |
| | \$ |

7. Prior to the determination by the Township Board to enter into this debt, was this issue and tax rate impact openly discussed at a public hearing? ☐ Yes ☐ No
If yes, provide dates of public hearings _____
8. Did any taxpayers file objections to the borrowing? _____
9. What has the Township done to address the taxpayer objections? _____
10. Attach any brochures or newspaper articles regarding this purchase.

Current Debt Service
(Indicate all outstanding Debt Service)

| Type and Purpose | Annual Payment | Retirement Date | Remaining Balance |
|------------------|----------------|-----------------|-------------------|
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |

Current Year Financial Data

| Fund | DLGF Approved Tax Rate* | DLGF Approved Tax Levy* | Operating Balance* (Line 11 – Form 4b) | January 1 Current Year Cash Balance* |
|-----------------|-------------------------|-------------------------|---|--------------------------------------|
| General | \$ | \$ | \$ | \$ |
| Poor Relief | \$ | \$ | \$ | \$ |
| Fire | \$ | \$ | \$ | \$ |
| Cumulative Fire | \$ | \$ | \$ | \$ |
| Debt Service | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |

*Information must indicate those amounts approved by the Department of Local Government Finance from the most recent certification

Financial History

| Unit's | 2003 | 2004 | 2005 | 2006 |
|----------------|------|------|------|------|
| Total Levy | | | | |
| Assessed Value | \$ | \$ | \$ | \$ |
| Total Tax Rate | | | | |

COSTS OF CONSTRUCTION

To be completed if this issue is for housing of Fire Equipment

BUILDING USE: _____

- a) *New construction includes any new facilities that previously did not exist.*
- b) *Additions to existing construction include new addition to an existing facility.*
- c) *Remodeling of an existing structure includes structures that exist and will have renovations/remodeling but NO new addition.*
- d) *If an addition is part of a remodeling project separate the square footage of the addition and the square footage of the addition and the square footage of the area to be remodeled.*

New Construction: _____ square feet Cost per square foot \$ _____

Addition: _____ square feet Cost per square foot \$ _____

Remodeling: _____ square feet Cost per square foot \$ _____

| Source of Funds | To be paid from Debt Proceeds | To be paid from Local Funds | Total Cost |
|---|----------------------------------|--------------------------------|------------|
| Construction Costs | | | |
| Demolition Costs | | | |
| Architect Fees at % | | | |
| Clerk of the Works at % | | | |
| Construction Management at % | | | |
| General Conditions at % | | | |
| Land or Building Costs | | | |
| Soil Testing | | | |
| Loose Equipment ¹ | | | |
| Builders Risk Insurance at % | | | |
| Title Insurance at % | | | |
| Other ² | | | |
| TOTAL | \$ | \$ | \$ |

¹ List separately Loose Equipment:

² Explain

Cost Of Financing

| | | | |
|-----------------------------------|-----------|-----------|-----------|
| Attorney Fees at % | | | |
| Bond Counsel at % | | | |
| Financial Advisor at % | | | |
| Underwriter's Fee at % | | | |
| Trustees Fee at % | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | \$ | \$ | \$ |

COMMON CONSTRUCTION WAGE

(TO BE COMPLETED IF THE CONSTRUCTION COSTS EXCEED \$150,000)

Please provide a copy of the wage scale adopted and signature page.

1. Is Wage Scale provided? (Y) (N)
(If no, explain why unit is exempt from providing such documentation)

2. Did the wage committee consider the following factors:
 - a) A determination of the skilled, semiskilled and unskilled classes required under IC 5-16-7-1(c)(1) for each trade or craft classification of labor employed in the performance of the project's contract? (Y)
(N)
 - b) A determination of reasonably anticipated costs of providing fringe benefits commonly paid to workers on similar projects if their exclusion would depress real compensation below the level commonly set by the private sector. (Y) (N)

What was the date of the Common Construction Wage Committee Meeting? _____

If the wage committee has not met as of the date of this submission, provide an explanation:

3. Did the wage scale committee base its decision on data that was representative of the wages most commonly paid in the county where the project is located and for the types of work at issue? (Y) (N)
4. If the wage scale committee did not consider the factors and information described above, provide an explanation of the reason(s) why such factors and information were not considered.

5. Did any members of the committee abstain or refuse to sign the wage determination?
 - a. (Y) (N) (If yes, state the members name, title and reason for vote)

6. If the answer is **yes** to question #5, all data and information compiled by the Common Construction Wage Committee must accompany this document. Those documents include (but are not limited to) the following:
 - Surveys of projects and the rates proposed.
 - Any documents from the Department of Workforce Development pertaining to this project's Common Construction Wage.
 - Any other information that is background information for the Common Construction Wage Hearing.
 - Any other documentation compiled by the committee that is not enumerated above.

LISTING OF PROFESSIONALS INVOLVED IN THIS PROJECT

(The Dept. of Local Government Finance Order will only be mailed to the Fiscal Officer and faxed to the Bond Counsel)

Attorney

| | | |
|--------------------------|------------------------------|-----------------------------|
| Name | | |
| Address | | |
| Phone Number | | |
| Fax Number | | |
| E-Mail Address | | |
| Date of Written Contract | | |
| Is Fee Percentage Based | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Bond Counsel

| | | |
|--------------------------|------------------------------|-----------------------------|
| Name | | |
| Address | | |
| Phone Number | | |
| Fax Number | | |
| E-Mail Address | | |
| Date of Written Contract | | |
| Is Fee Percentage Based | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Financial Advisor

| | | |
|--------------------------|------------------------------|-----------------------------|
| Name | | |
| Address | | |
| Phone Number | | |
| Fax Number | | |
| E-Mail Address | | |
| Date of Written Contract | | |
| Is Fee Percentage Based | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Architect

| | | |
|--------------------------|------------------------------|-----------------------------|
| Name | | |
| Address | | |
| Phone Number | | |
| Fax Number | | |
| E-Mail Address | | |
| Date of Written Contract | | |
| Is Fee Percentage Based | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Unit Fiscal Officer (Trustee)

| | | |
|--------------------------|------------------------------|-----------------------------|
| Name | | |
| Address | | |
| Phone Number | | |
| Fax Number | | |
| E-Mail Address | | |
| Date of Written Contract | | |
| Is Fee Percentage Based | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other

| | | |
|--------------------------|------------------------------|-----------------------------|
| Name | | |
| Address | | |
| Phone Number | | |
| Fax Number | | |
| E-Mail Address | | |
| Date of Written Contract | | |
| Is Fee Percentage Based | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Required Documentation

The following information is required to be attached to this document
This document and supporting information must be filed with the Department of Local Government Finance on or before the "Information Due Date" as indicated below

Indicate by a [✓] documentation attached

- ☐ Resolution of Township Board to incur the debt
- ☐ Proofs of publication of the Public Hearing and Notice of Determination to Taxpayers to Incur a Debt
- ☐ County Auditor's Certificate of No Remonstrance
- ☐ Amortization Schedule for term of debt indicating semi-annual payments
- ☐ Minutes of the Common Construction Wage Scale meeting and adoption, if applicable
- ☐ Eight (8) copies of the Hearing Information Sheet and above supporting documentation
- ☐ Two (2) copies of the vehicle specifications, if a vehicle purchase is included in the project
- ☐ Newspaper articles pertaining to the project, if available

Notice

To obtain a debt service rate for the ensuing budget year, the unit must comply with the provisions of IC 6-1.1-17-3 for the ensuing year budget. In addition, on or before December 31 of the current year, the unit must execute the debt and file with the Department of Local Government Finance a final amortization schedule.

Certification

I certify to the best of my knowledge and belief that the above is a full, true and complete disclosure for the proposed project(s) to be presented to the Local Government Tax Control Board and Department of Local Government Finance.

Dated this _____ day of _____, 20_____.

Signature

Title